



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**CHANGE OF SUPERVISOR AND/OR SITE**

COMMITTEE FOR PROFESSIONAL COUNSELORS  
3605 MISSOURI BOULEVARD  
P.O. BOX 1335  
JEFFERSON CITY, MO 65102-1335

**INSTRUCTIONS**

**PLEASE TYPE OR PRINT IN BLACK INK**

THIS APPLICATION MUST BE TYPED OR PRINTED IN BLACK INK AND ALL SECTIONS MUST BE COMPLETED.

SEND FORM AND \$25 FEE TO COMMITTEE ADDRESS LISTED AT THE TOP OF THIS FORM. THE CHANGE OF SUPERVISION IS EFFECTIVE THE DATE THE FORM **AND FEE** ARE RECEIVED IN THE COMMITTEE OFFICE.

IF THE APPLICANT HAS PASSED THE NATIONAL COUNSELOR EXAMINATION (NCE) PLEASE ENTER THE MONTH AND YEAR MM/YYYY. SEE SECTION I APPLICANT INFORMATION ITEM #6.

**PHONE:** (573) 751-0018 (VOICE MAIL) **FAX:** (573) 751-0735 **TDD:** 800-735-2966 **EMAIL:** PROFCOUNSELOR@PR.MO.GOV

**TYPE OF CHANGE (CHECK ALL APPLICABLE BOXES)**

☐ ADDITIONAL SUPERVISOR ☐ NEW SUPERVISOR ☐ ADDITIONAL SITE ☐ NEW SITE

**I. APPLICANT INFORMATION**

1. NAME (LAST, FIRST, MIDDLE, MAIDEN NAME)		EMAIL ADDRESS
2. DAYTIME TELEPHONE HOME	3. DATE OF BIRTH	4. SOCIAL SECURITY N UMBER
5. PREFERRED MAILING ADDRESS (STREET, BOX NUMBER, CITY, STATE, ZIP CODE)		
6. IF THE APPLICANT HAS PASSED THE NATIONAL COUNSELOR EXAMINATION (NCE) PLEASE ENTER MONTH AND YEAR MM/YYYY		

**II. SUPERVISOR INFORMATION**

6. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)		7. IS SUPERVISOR A RELATIVE OF APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. ADDRESS (STREET, CITY, STATE, ZIP CODE)		9. DAYTIME PHONE NUMBER
10. DATE OF EMPLOYMENT	11. IF NOT EMPLOYED BY INSTITUTION, SUBMIT A CONTRACT AFFILIATING SUPERVISOR WITH THE PROPOSED SITE	

**12. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR:**

<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PSYCHOLOGIST	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PSYCHIATRIST	LICENSE NUMBER	STATE
<input type="checkbox"/> OTHER LICENSE	LICENSE NUMBER	STATE

**III. SUPERVISED PRACTICE SITE**

13. SITE NAME			
14. SITE ADDRESS			
15. IS SITE A PRIVATE PRACTICE? IF YES, ANSWER QUESTIONS 16, 17, AND 18 BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. LIST ALL INDIVIDUALS EMPLOYED BY OR AFFILIATED WITH THE PRIVATE PRACTICE (attach separate sheet, if necessary.)			
NAME	TITLE	LICENSE NUMBER	STATUS
17. IDENTIFY INDIVIDUAL(S) WHO HAVE AN OWNERSHIP INTEREST IN THE PRIVATE PRACTICE.			
18. LIST THE INDIVIDUAL(S) RESPONSIBLE FOR THE PRIVATE PRACTICE.			

#### IV. NATURE OF SUPERVISION

20. CHECK THE APPROPRIATE BOX(ES) THAT DESCRIBE THE DUTIES TO BE PERFORMED BY THE APPLICANT. ATTACH ADDITIONAL SHEETS IF NECESSARY:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ASSESSMENT/TESTING  | <input type="checkbox"/> CRISIS INTERVENTION    | <input type="checkbox"/> GROUP COUNSELING           |
| <input type="checkbox"/> INDIVIDUAL COUNSELING (Please specify) _____ CHILDREN _____ ADULTS _____ ADOLESCENTS _____ FAMILY |   |   |
| <input type="checkbox"/> RESEARCH  | <input type="checkbox"/> SCHOOL COUNSELING      | <input type="checkbox"/> SUBSTANCE ABUSE COUNSELING |
| <input type="checkbox"/> VOCATIONAL/CAREER COUNSELING  | <input type="checkbox"/> OTHER (Please explain) |   |

BRIEFLY DESCRIBE JOB DESCRIPTION AND DUTIES

21. APPLICANT'S WORK TITLE

22. DATE OF APPLICANT'S INITIAL EMPLOYMENT

23. ESTIMATED NO. OF HOURS PER WEEK APPLICANT WILL BE WORKING

24. CHECK THE APPROPRIATE BOX(ES) THAT APPLY TO THE NATURE OF THE SUPERVISION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> COSIGN ALL REPORTS/CASE NOTES | <input type="checkbox"/> GROUP SUPERVISION SESSIONS | <input type="checkbox"/> OBSERVE SESSIONS       |
| <input type="checkbox"/> REVIEW AUDIO/VISUAL TAPES     | <input type="checkbox"/> REVIEW CASE NOTES          | <input type="checkbox"/> REVIEW TREATMENT PLANS |
| <input type="checkbox"/> SEMINARS                      | <input type="checkbox"/> WEEKLY MEETINGS            | <input type="checkbox"/> OTHER (Please explain) |

#### V. STATEMENT OF EMPLOYER

I, as a representative of the above listed proposed supervision site, hereby affirm that the supervisor and counselor-in-training are employed at the site requested in section IV. I understand that if both are not employees of the previously mentioned site, a contract must be provided to the committee which will affiliate the supervisor to the proposed site.

EMPLOYER SIGNATURE

PRINT NAME AND TITLE

DATE

#### VI. APPLICANT HISTORY

24. PLEASE ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in writing and accompany the application)
- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended?          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever had a judgement rendered against you based upon fraud, misrepresentation, or deception related to your practice as a professional counselor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever been named as a defendant in a civil suit related to counseling?   | <input type="checkbox"/> | <input type="checkbox"/> |

Pursuant to Section 324.010 RSMo:

- ☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

Information relating to state income tax compliance should be directed to the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

#### VII. STATEMENT OF APPLICANT (SIGNATURE REQUIRED)

I hereby affirm under penalties of perjury that I am the applicant named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

SIGNATURE OF APPLICANT

DATE

#### VIII. STATEMENT OF SUPERVISOR (SIGNATURE REQUIRED)

I have reviewed this proposal for supervised professional experience and accept full responsibility for the work this applicant will be performing under my supervision. This work will be performed pursuant to my order, control, oversight and guidance. If I am unable to complete this supervision arrangement or discontinue supervision, I will advise the Committee for Professional Counselors in writing.

I hereby affirm under penalties of perjury that I am the supervisor named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

SIGNATURE OF SUPERVISOR

DATE